

Flag Request Form
Office of Frank M. Kratovil, Jr.

Requested By: _____

Address: _____

Phone or Email: _____

Flag size: _____ Cotton or Nylon? _____

Date to be flown (if applicable): _____

Note: Flags must be requested at least six weeks in advance.

Name to appear on certificate: _____

Occasion: _____

Mail flag to:

Name: _____

Address: _____

Flag Type	Flag Price	Franking Cost	Total Cost
Cotton 3'x5'	9.25	5.30	14.55
Cotton 5'x8'	20.00	5.85	25.85
Nylon 3'x5'	9.00	4.75	13.75
Nylon 4'x6'	13.50	5.30	18.80
Nylon 5'x8'	18.00	5.30	23.30

Please include an additional \$4.05 for each flag you would like flown over the Capitol.

Please mail request form and check made payable to Frank Kratovil Office Supply Account to:

Office of Congressman Frank Kratovil

314 Cannon HOB

Washington, DC 20515

Office Use Only:

Received request: _____ Received check: _____ Deposited Check: _____

To flag office: _____ From flag office: _____ Mailed: _____